



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:		

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: 53 Valley			District: 0926 Glasgow K-12 Schools		District Level: High School
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
1-A	1580	No	UPHAUS, JIM	0.73	_____
1-A	1581	No	HOLTER, BECKY	2.25	_____
1-A	1582	No	NIELSEN, KATHY	2.50	_____
1-A	1992	No	BONDY, BETH	0.00	_____
1-A	2324	No	Nichols, Bryce & Lorraine	9.00	_____



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Date			Signature, Chair, Board of Trustees			
County: 53 Valley			District: 0933 Hinsdale H S		District Level: High School	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
7C	1982	No	KORMAN, MAXINE		9.25	



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Date			Signature, Chair, Board of Trustees			
County: 53 Valley			District: 0935 Opheim K-12 Schools		District Level: High School	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
9D	1846	No	KINSEY, LORI		3.00	



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Date			Signature, Chair, Board of Trustees			
County: 53 Valley			District: 0937 Nashua K-12 Schools		District Level: High School	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
13E	1415	No	BARNETT, BETTY		2.70	_____
13E	1416	No	TIHISTA, CARLA		0.30	_____